

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	71534	11-09-99
O.I.P.E. CLASSIFIER		15	11-15-99
FORMALITY REVIEW		108904	2/11/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	3/6/01 04/09
1	5/24/01 06/03
2	6/03/01 06/04
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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